

Vonda M. Wallace
Patrol Special

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Patrol Special

Original

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							09/486744						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
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47								97					
48								98					
49								99					
50								100					
T TAL IND.								TOTAL IND.					
T TAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

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